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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | <b>Docket Number (Optional)</b><br>532512000401 |           |
| Application Number 10/620,725  |            | Filed July 15, 2003                             |           |
| For LIGAND-TARGETED EMULSIONS CARRYING BIOACTIVE AGENTS  |            |   |           |
| Art Unit 1615  |            | Examiner G. Kishore                             |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |           |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225   | \$        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080  | \$        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,959</u>   |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |            |   |           |
| <u>Kate H. Murashige</u><br>Signature  |            | <u>January 7, 2005</u><br>Date                  |           |
| <u>Kate H. Murashige</u><br>Typed or printed name  |            | <u>(858) 720-5112</u><br>Telephone Number       |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |   |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |

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